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UTILITY PATER	ATTORNEY DOCKET 86654SHS								
TRANSMITTAL U	Customer No. 01333								
To: Commissioner for	Express Mail Label No.								
P.O. Box 1450				ξ	2				
Alexandria, VA. 22313-1450				EV293510	698US		ά	55	
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DISPLAY SYSTEM INCORPORATION				Date:	<u> </u>	ک		72	
TRILINEAR ELECTROMECHANICAL					, ,		727	10/72645	
GRATING DEVICE							.00	<b>V</b>	
First Named Inventor (or									
Thist Named inventor (or									
Marek W. Kowarz									
Enclosed are:									
1. X Specification	6. X Assignment of the invention to								
					-	Kodak Compan	•		
2. 9 Sheet(s) of drawin	ıg(s)			7.	Certified	copy of a priori	ty		
3. X Information Discle	8.	8. Associate Power of Attorney							
4. Combined Declaration for	or Paten	t Application	and Power of	Attornev:	<b>-</b> 2				
4a. X New	or rater	( ) ipplication		11110111091					
<del> </del>	a prior a	pplication (3	7 CFR 1.63(d	(for continua	tion/divisior	nal with Box 11	completed)		
			·		75	CY (-)			
5. Incorporation by Reference (useable if Box 4b is					9. <u>Deletion of Inventor(s)</u> . Signed statement attached deleting inventor(s) named				
checked) The entire disclosure						ched deleting in n, see 37 CFR 1			
which a copy of the oath or dec is considered as being part of the				1.33(b).	ог аррисано	ii, see 37 CFK i	.03(d)(2) and		
application and is hereby incor				1.25(0):					
10. If a 111A applicatio	n prior t	o examinatio	on of the above	e-identified ap	plication, an	nend the specifi	cation at Page	1,	
after the title, by ins									
CROSS REFEREN					ional Amplia	ation Serial No.			
filed, entitled.	is made	to and prion	ty claimed no	iii O.S. Flovisi	юнаг Аррис	ation Schai ivo	•		
If a CONTINUING APPLIC									
11. Continuation	Divisio	onal	Continuation-	in-part (CIP)	of prior	application No:	<u>.</u>		
12. X Please address all w	ritten co	mmunicatio	ns to Pamela F	. Crocker, Pat	tent Legal St	aff,			
Eastman Kodak Cor						,			
Please Direct all tele									
The filing fee has been calculated	ted as sh	own below:							
FOR:	¥	. FILED	NO. EXTRA	RATE		FEE			
BASIC FEE						\$ 770			
TOTAL CLAIMS	26	- 20 =	6	x 18 =		\$ 103			
INDEPENDENT CLAIMS  MULTIPLE DEPENDEN	TT CLA	-3=		x 86 =		\$ ( \$ (			
MOLTIFLE DEFENDEN	VI CLA	INI FRESEN	TED	TO		\$ 878			
						\$ 07.	ي		
X Please charge my Eastma	n Kodal	Company I	Deposit Accou	nt No. <u>05-022</u>	5 in the amo	unt of \$ 87	В		
<u></u>		-		et is enclosed					
X The Commissioner is here	-			-					
37 CFR 1.16 or credit any						t No. <u>05-0225</u> .			
	A	uapiicate co	py or this she	et is enclosed.		$\sim$			
			<i>★</i>	Esh	_ <del>/</del>	11) has			
SHA/RGR			Ste	Hen H. Sha	w				
			•	rney for Ap					
Telephone: 585-477-7419	9		Reg	istration No	. 45.404				

Telephone: 585-477-7419 Facsimile: 585-477-4646